

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 05, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000005626**1. Entity Name
ARVIDA RESORTS & CLUBS, L.L.C.

Principal Place of Business 1650 PRUDENTIAL DRIVE, SUITE 400 JACKSONVILLE FL 32207	Mailing Address 1650 PRUDENTIAL DRIVE, SUITE 400 JACKSONVILLE FL 32207
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address 1650 PRUDENTIAL DRIVE, SUITE 400 Suite, Apt. #, etc. ATTN. LEGAL DEPT. City & State JACKSONVILLE FL Zip Country 32207
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4. FEI Number
59-3596591

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PAINE LAWRENCE 1650 PRUDENTIAL DRIVE, SUITE 400 JACKSONVILLE FL 32207	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ 03/05/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REGAN MICHAEL N 1650 PRUDENTIAL DRIVE SUITE 400 JACKSONVILLE FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE ST. JOE COMPANY 1650 PRUDENTIAL DRIVE, SUITE 400 JACKSONVILLE FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOTTA JAMES D 7900 GLADES ROAD SUITE 200 BOCA RATON FL 33434 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL N. REGAN MGR 03/05/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)